

# TELEMEDICINE

## ELIGIBLE PROVIDERS

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In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenen provider must enroll in South Dakota Medicaid and be listed on the claim form. Please refer to the [provider enrollment chart](#) for additional details on enrollment eligibility and supporting documentation requirement.

South Dakota Medicaid has a streamlined enrollment process for ordering, referring, and attending physicians that may require no action on the part of the provider as submission of claims constitutes agreement to the South Dakota Medicaid Provider Agreement.

The following providers can provide services via telemedicine at a distant site:

- Certified Social Worker – PIP
- Certified Social Worker – PIP Candidate
- Clinical Nurse Specialists
- Community Health Worker (CHW)
- Community Mental Health Centers
- Diabetes Education Program
- Dietitians
- Federally Qualified Health Center (FQHC)
- Indian Health Services (IHS) Clinics
- Licensed Marriage and Family Therapist
- Licensed Professional Counselor – MH
- Licensed Professional Counselor – working toward MH designation
- Nurse Practitioners
- Nutritionists
- Physicians
- Physician Assistants
- Psychologist
- Rural Health Clinic (RHC)
- Speech Language Pathologists
- Substance Use Disorder Agencies
- Tribal 638 facilities

### Originating Sites

Originating sites must be an enrolled provider to be reimbursed by South Dakota Medicaid. The following providers are eligible to be reimbursed a facility fee for serving as an originating site:

- Office of a physician or practitioner;

- Outpatient Hospital;
- Critical Access Hospital;
- Rural Health Clinic (RHC);
- Federally Qualified Health Center (FQHC);
- Indian Health Service Clinic;
- Community Mental Health Center (CMHC);
- Nursing Facilities; and
- Schools.

## ELIGIBLE RECIPIENTS

Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid's [online portal](#). The following recipients are eligible for medically necessary services covered in accordance with the limitations described in this chapter:

Coverage Type	Coverage Limitations
Medicaid/CHIP Full Coverage	Medically necessary services covered in accordance with the limitations described in this chapter.
Medicaid – Pregnancy Related Postpartum Care Only (47)	Coverage restricted to family planning and postpartum care only.
Qualified Medicare Beneficiary – Coverage Limited (73)	Coverage restricted to co-payments and deductibles on Medicare A and B covered services.
Medicaid – Pregnancy Related Coverage Only (77)	Coverage restricted to pregnancy related services only including medical issues that can harm the life of the mother or baby.
Unborn Children Prenatal Care Program (79)	Coverage restricted to pregnancy related services only including medical issues that can harm the life of the mother or baby.
Medicaid Renal Coverage up to \$5,000 (80)	Coverage restricted to outpatient dialysis, home dialysis, including supplies, equipment, and special water softeners, hospitalization related to renal failure, prescription drugs necessary for dialysis or transplants not covered by other sources and non-emergency medical travel reimbursement to renal failure related appointments.

Refer to the [Recipient Eligibility](#) manual for additional information regarding eligibility including information regarding limited coverage aid categories.

## COVERED SERVICES AND LIMITS

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### General Coverage Principles

Providers should refer to the [General Coverage Principles](#) manual for basic coverage requirements all services must meet. These coverage requirements include:

- The provider must be properly enrolled;
- Services must be medically necessary;
- The recipient must be eligible; and
- If applicable, the service must be prior authorized.

The manual also includes non-discrimination requirements providers must abide by.

### Telemedicine Overview

Services provided via telemedicine are subject to the same service requirements and limitations as in-person services. Telemedicine services always involve an originating site and a distant site. An originating site is the physical location of the Medicaid recipient at the time the service is provided. The distant site is the physical location of the practitioner providing the service via telemedicine.

### Originating Sites

Originating sites listed in the eligible provider section are eligible to receive a facility fee for each completed telemedicine transaction for a covered distant site telemedicine service. Sites not listed may also serve as an originating site but are not eligible for reimbursement. The originating site and distant site must not be located in the same community unless the originating site is a nursing facility. This applies regardless of whether the originating site is eligible for reimbursement from South Dakota Medicaid. Originating sites are not reimbursed for any additional costs associated with equipment, technicians, technology, or personnel utilized in the performance of the telemedicine service.

### Distant Site

All services provided via telemedicine at the distant site must be billed with the GT modifier to indicate the service was provided via telemedicine. The following services are covered distant site telemedicine services:

CPT	Description
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes
90833	Psychotherapy, 30 minutes
90834	Psychotherapy, 45 minutes
90836	Psychotherapy, 45 minutes
90837	Psychotherapy, 60 minutes
90838	Psychotherapy, 60 minutes
90845	Psychoanalysis

90846	Family psychotherapy without the patient present, 50 minutes
90847	Family psychotherapy including patient, 50 minutes
90863	Pharmacologic management, including prescription and review of medication *This code is only billable by Community Mental Health Centers (CMHCs)
90951	End-stage renal disease related services monthly, for patients younger than 2
90952	End-stage renal disease related services monthly, for patients younger than 2
90954	End-stage renal disease related services monthly, for patients 2-11
90955	End-stage renal disease related services monthly, for patients 2-11
90957	End-stage renal disease related services monthly, for patients 12-19
90958	End-stage renal disease related services monthly, for patients 12-19
90960	End-stage renal disease related services monthly, for patients 20 and older
90961	End-stage renal disease related services monthly, for patients 20 and older
90963	End-stage renal disease related services for home dialysis per full month, for patients younger than 2
90964	End-stage renal disease related services for home dialysis per full month, for patients 2-11
90965	End-stage renal disease related services for home dialysis per full month, for patients 12-19
90966	End-stage renal disease related services for home dialysis per full month, for patients 20 and older
92507	Treatment of speech. Language, voice, communication, and/or auditory processing disorder; individual "each 15 minutes"
96116	Neurobehavioral status exam, interpretation, and report by psychologist or physician per hour
96150	Health and behavior assessment, initial assessment
96151	Health and behavior assessment, re-assessment
96152	Health and behavior intervention, individual
96153	Health and behavior intervention, group
96154	Health and behavior intervention, family
97802	Medical nutrition therapy, initial assessment and intervention, individual face-to-face, each 15 minutes
97803	Medical nutrition therapy, re-assessment and intervention, individual, face-to-face, each 15 minutes
97804	Medical nutrition therapy, group (2 or more individuals), each 30 minutes

98960	Self-management education & training 1 patient - 30 minutes
98961	Self-management education & training 2-4 patient - 30 minutes
98962	Self-management education & training 5-8 patient - 30 minutes
99201	New patient office or other outpatient visit, typically 10 minutes
99202	New patient office or other outpatient visit, typically 20 minutes
99203	New patient office or other outpatient visit, typically 30 minutes
99204	New patient office or other outpatient visit, typically 45 minutes
99205	New patient office or other outpatient visit, typically 60 minutes
99211	Office or other outpatient visit, established patient, typically 5 minutes
99212	Established patient office or other outpatient visit, typically 10 minutes
99213	Established patient office or other outpatient visit, typically 15 minutes
99214	Established patient office or other outpatient visit, typically 25 minutes
99215	Established patient office or other outpatient visit, typically 40 minutes
99231	Subsequent hospital inpatient care, typically 15 minutes per day
99232	Subsequent hospital inpatient care, typically 25 minutes per day
99233	Subsequent hospital inpatient care, typically 35 minutes per day
99241	Patient office consultation, typically 15 minutes
99242	Patient office consultation, typically 30 minutes
99243	Patient office consultation, typically 40 minutes
99244	Patient office consultation, typically 60 minutes
99245	Patient office consultation, typically 80 minutes
99251	Inpatient hospital consultation, typically 20 minutes
99252	Inpatient hospital consultation, typically 40 minutes
99253	Inpatient hospital consultation, typically 55 minutes
99254	Inpatient hospital consultation, typically 80 minutes
99255	Inpatient hospital consultation, typically 110 minutes
99307	Subsequent nursing facility visit, typically 10 minutes per day
99308	Subsequent nursing facility visit, typically 15 minutes per day

99309	Subsequent nursing facility visit, typically 25 minutes per day
99310	Subsequent nursing facility visit, typically 35 minutes per day
99354	Prolonged office or other outpatient service first hour
99355	Prolonged office or other outpatient service each additional 30 minutes
99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service, first hour
99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service, each additional 30 minutes
99406	Smoking and tobacco use cessation counseling visit, 3-10 minutes *Only billable if the recipient is pregnant or for children under 21
99407	Smoking and tobacco use cessation counseling visit, greater than 10 minutes *Only billable if the recipient is pregnant or for children under 21
G0108	Diabetes outpatient self-management educations services, individual
G0109	Diabetes outpatient self-management educations services, group
G0444	Annual depression screening, 15 minutes
G0445	High intensity behavioral counseling to prevent sexually transmitted disease, 30 minutes
G0446	Intensive behavioral therapy to reduce cardiovascular disease risk, 15 minutes
H0001	Assessments via telemedicine
H0004	Local Individual Counseling via telemedicine
H0005	Local/Group Counseling via telemedicine
H2011	Crisis Intervention via telemedicine
H2021	CYF Group provided via telehealth (Community-based wrap-around services)
S9455	Diabetes Education, Follow-up, Group, Per 60 Minutes
S9460	Diabetes Education, Follow-up, Individual, Per 60 Minutes
T1006	Local/HB Family Counseling via telemedicine

Speech therapy services may be provided via telemedicine once an initial face-to-face contact has been completed and once every 90 days thereafter. The service must be provided by means of “real-time” interactive telecommunications system. The recipient (patient) and provider cannot be in the same community. There must be sufficient distance between the recipient and the servicing provider.

#### Prior Authorization

Please note that all telemedicine services outside South Dakota must comply with South Dakota Medicaid’s [Out-of-State Prior Authorization requirements](#).

## NON-COVERED SERVICES

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### General Non-Covered Services

Providers should refer to [ARSD 67:16:01:08](#) or the [General Coverage Principles](#) manual for a general list of services that are not covered by South Dakota Medicaid.

### Non-covered telemedicine Services

Services not specifically listed as covered above are considered non-covered. Claims submitted by a non-eligible originating site will be denied. Birth to Three services do not qualify for an originating site reimbursement unless provided at an eligible originating site location.

## DOCUMENTATION REQUIREMENTS

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### General Requirements

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6 years after the last date a claim was paid or denied. Please refer to the [Documentation and Record Keeping](#) manual for additional requirements.

### Telemedicine Documentation

Originating site must have documentation indicating when service is provided via telemedicine and if a nurse was present. If a nurse was present any services provide such as vitals. The distant site must provide documentation of all services provide and all other regularly noted office visit notes.

## REIMBURSEMENT AND CLAIMS INSTRUCTIONS

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### Timely Filing

South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid in certain circumstances. Providers should refer to the [General Claim Guidance](#) manual for additional information.

### Third-Party Liability

Medicaid recipients may have one or more additional source of coverage for health services. South Dakota Medicaid is generally the payer of last resort, meaning Medicaid only pays for a service if there are no other liable third-party payers. Providers must pursue the availability of third-party payment sources and should use the Medicare Crossover or Third-Party Liability billing instructions when applicable. Providers should refer to the [General Claim Guidance](#) manual for additional information.

### Reimbursement

Providers must bill for services at their usual and customary charge. Providers are reimbursed the lesser of their usual and customary charge or the fee schedule rate. The maximum allowable reimbursement for distant site services is listed on the applicable [fee schedule](#). The maximum allowable amount for services provided via telemedicine is the same as services provided in-person.



The maximum rate for originating site facility fee is listed on the physician fee schedule under procedure code Q3014. The facility fee may not be reimbursed as an encounter. There is no additional reimbursement for equipment, technicians, technology, or personnel utilized in the performance of telemedicine services.

### Claim Instructions

Telemedicine claims must be billed on the CMS 1500 claim form or 837P. Detailed CMS 1500 and 837P billing instructions are available on our [website](#). IHS facilities must bill on the CMS UB-04 claim form for services reimbursed at the per diem.

An originating site eligible for reimbursement must bill for the service using the Q3014 HCPCS code.

All telemedicine services provided at the distant site must be billed with the GT modifier to indicate the service was provided via telemedicine. Failure to comply with this requirement may lead to payment recoupment or other action as decided by South Dakota Medicaid.

## DEFINITIONS

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1. Telemedicine—The use of an interactive telecommunications system to provide two-way, real-time, interactive communication between a provider and a Medicaid recipient across a distance.
2. Distant site—Physical location of the practitioner providing the service via telemedicine. The distant site of telemedicine services may not be located in the same community as the originating site unless the originating site is a nursing facility;
3. Originating site—Physical location of the Medicaid recipient at the time the service is provided. Originating sites may not be located in the same community as the distant site unless the originating site is a nursing facility; and
4. Interactive telecommunications system- Multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the Medicaid recipient and distant site practitioner. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.

## REFERENCES

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- [Administrative Rule of South Dakota \(ARSD\)](#)
- [South Dakota Medicaid State Plan](#)
- [Code of Federal Regulations](#)

## QUICK ANSWERS

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1. **Does South Dakota Medicaid require providers to use a specific real-time, interactive communication platform?**

No, South Dakota Medicaid does not regulate what platform providers use. The platform the provider chooses to use must be HIPPA compliant.



- 2. My site is not listed as an originating site in the Eligible Providers section. Can we be an originating site?**

Yes, this section refers to originating sites eligible for reimbursement. Other sites can act as originating sites but are not eligible for reimbursement.

- 3. An originating site is located in South Dakota, but the distant site is an enrolled provider located out of state, does the distant site provider need an out of state prior authorization?**

All telemedicine services outside South Dakota must comply with South Dakota Medicaid's [Out-of-State Prior Authorization requirements](#).